

DOCKET NO *RM-10823*

*Cyc 203* **CERTIFIED  
MAIL**

|                              |
|------------------------------|
| ORDER DATED<br><i>9/3/04</i> |
| FCC                          |
| MIMEOGRAPH NO.               |

**RETI** \*RM-10823  
George G. Beasley  
Trustee  
**NAME:** WKIS License Limited Partnership  
3033 Riviera Drive  
Suite 200  
Naples, FL 34103

**REQUESTED**

C. R. R. NO.  
.....  
.....

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Received by (Please Print Clearly) B. Date of Delivery<br><i>9/3/04</i>  |
| 1. Article Addressed to:<br><br>*RM-10823<br>George G. Beasley<br>Trustee<br>WKIS License Limited Partnership<br>3033 Riviera Drive<br>Suite 200<br>Naples, FL 34103   | C. Signature<br><i>x Susan Hilton</i><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
|  | D. Is delivery address different from item 1?<br>If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |

2. Article Number (Copy from service label)  
*7002 0510 0003 8378 8150*  
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7002 0510 0003 8378 8150

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

|   |                |
|---|----------------|
| Postage   | \$ <i>37</i>   |
| Certified Fee                                     | <i>2.30</i>    |
| Return Receipt Fee<br>(Endorsement Required)      | <i>1.75</i>    |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| Total Postage & Fees                              | \$ <i>4.42</i> |

Postmark  
Here

*Cyc 203*

|                                    |                              |
|------------------------------------|------------------------------|
| Sent To                            | <i>GEORGE G. BEASLEY</i>     |
| Street, Apt. No.,<br>or PO Box No. | <i>3033 RIVIERA DR. #200</i> |
| City, State, ZIP+4                 | <i>NAPLES, FL 34103</i>      |

PS Form 3800, January 2001 See Reverse for Instructions